| Asia Pacific Medico Legal Agencies Membership Application | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant Information | | | | | | | |
| Name: | | | | | | | |
|  | | Email: | | | | | Phone: |
| Job Title: | | | | | | | |
| Role: | |  | | | | |  |
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| INSTITUTION DETAILS | | | | | | | |
| Institution Name: | | | | | | | |
| Address: | | | | | | |  |
| Phone: | | E-mail: | | | | | Web site: |
| City: | | State: | | | | | ZIP Code: |
| Government Ministry | | Institution Head: | | | | | Email: |
| Forensic medical Services PROVISION | | | | | | | |
| Number of Forensic Pathologists:  Please indicate if these doctors also do forensic medical work  Such as examination of victims of violence: Yes: No : | | | | | | | |
| Number of forensic clinicians : | | | | | | | Number of forensic nurses: |
| Number of mortuary technicians: | | Number of forensic anthropologists: | | | | | Number of forensic Odontologists: |
| Number of autopsies per annum: | | | | Number of patients examined: | | | |
| **Tick forensic medical services provided:**   * Autopsies and medico-legal reporting      * Forensic radiology * Examination of victims of violence including sexual assault * Forensic odontology * Forensic anthropology * Toxicology * Molecular biology (DNA profiling) * Appearing as an expert witness in court | | | | **Identify forensic medical training priorities**: | | | |
| Additional Institutional nominees | | | | | | | |
| Name: | | | | | | | |
| Job Title: | | | |  | Email address: | | |
|  | | | | | | | |
| Name: | | | | | | | |
| Job Title: | | | | | | Email address: | |
| Name | E-mail: | | | | | Job title: | |
| Name: | Email: | | | | | Job title: | |
| Name: | Email: | | | | | Job title: | |
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| Hosting Trainers | | | | | | | |
| Would your institution be interested in hosting short term training placements by forensic clinicians and mortuary technicians? | | |  | | | | |
|  | | |  | | | | |
| Signature | | | | | | | |
| I authorize the application for membership of the APMLA and verify the information provided on this form. | | | | | | | |
| Name :  Signature of applicant: | | | | | | | Date: |